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A case of renal infarction that recurred after transient resolution in short period proven by computed tomography

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Case Study: Although renal infarction (RI) is not a rare disease, the outcome of RI has not been well reported. Furthermore, the transient resolution and recurrence of RI have not been demonstrated by imaging. We report a case of idiopathic RI that recurred within short period after transient resolution demonstrated by serial computed tomography (CT).

A 53-year-old man diagnosed of RI was transferred to emergency room (ER). The abdomen CT at the local hospital showed a segmental wedge-shaped perfusion defect in left kidney and a focal thrombotic filling defect in anterior segmental branch of left renal artery. He complained of left flank pain at first, but gradually improved. Vital signs were stable. Laboratory studies showed that leukocytosis with WBC count of $12.9 \times 10^9/\mu\text{L}$, and elevated lactate dehydrogenase of 640IU/L. There was no renal impairment, hematuria or pyuria. In abdomen CT performed at ER, the thrombus in anterior segmental branch of left renal artery was remained, but the perfusion defect in left kidney was spontaneously resolved. Cardiac disorder, hypercoagulability and vasculitis, which could be the cause of RI, were not found. We finally diagnosed idiopathic RI and initiated anticoagulation with unfractionated heparin. On the sixth day of hospitalization, left flank pain recurred, so an abdomen CT was performed again. In the re-performed CT, RI recurred in the same area as before. We continued anticoagulation and switched to warfarin. After treatment, the patient's symptom was improved, he was discharged on the eighth day of hospitalization with anticoagulation maintained. RI could recur at any time even after spontaneously resolved as in our case. Therefore, it is necessary to closely monitor whether symptoms recur in the patients who resolved RI and radiologic evaluation should be performed even within a short period.

Figure 1. serial transverse view of abdomen CT scan



Figure 1. Serial transverse view of abdomen CT scan of the patient with renal infarction. (A) An abdomen CT scan at the local hospital showed a perfusion defect in left kidney (arrowhead); (B) The perfusion defect spontaneously resolved (arrowhead) in our emergency room; (C) The perfusion defect recurred (arrowhead) on the 6th day of anticoagulation therapy. Thrombus in anterior segmental branch of left renal artery (arrow) persisted on all serial abdomen CT scan.